

PCN Addendum

Household Information

Is everyone in your home a Utah resident? ☐ Yes ☐ No
If no, please explain: _____

Did any person in your home receive medical care in the past 90 days? ☐ Yes ☐ No
If yes, list name of person and dates of service: _____

Has anyone received Financial Assistance in the past 4 months? ☐ Yes ☐ No
If yes, list: Name _____ When _____ Where _____

Do you want a friend or relative to help with your case? ☐ Yes ☐ No
If yes, please list name, address, and phone number. _____

Is anyone attending school? ☐ Yes ☐ No
If yes, list names and schools attending. _____

Is anyone in your home pregnant or has been pregnant in the last 3 months? ☐ Yes ☐ No
If yes, give name and due date. _____

Is anyone in your household disabled? ☐ Yes ☐ No
If yes, please list name and disability source _____

ASSETS - List vehicles in Block 2. List any assets you own or owned by anyone who lives with you. Assets are bank accounts, cash, stocks/bonds, life insurance/burial funds, homes, property, livestock, trailers, trust funds, etc. Include any personal household items that could be sold for \$500 or more.

Type of Asset	Owners	Joint? Yes/No	Value	Amount Owed

BLOCK 2

Vehicles (Car Snowmobile Motor Cycle Other Vehicle Truck/Van Motor Home Boats/Motors)

Type of Vehicle	Make	Model	Year	Licensed Yes/No Plate # / State	Owner/ Joint Owners	Amount Owed	Current Value

INCOME AND EXPENSE INFORMATION

Do you expect any changes in earnings or number of hours worked? ☐ Yes ☐ No
If yes, explain: _____

Does anyone help you pay rent, food, or utility bills; OR, does someone in the household work in exchange for rent, food, or utility bills? ☐ Yes ☐ No
If yes, explain: _____

Has anyone in the household received SSI and then stopped receiving it? ☐ Yes ☐ No
If yes, list name and reason SSI stopped: _____

Has anyone applied for SSI, SSA, VA, Unemployment, or Workman's Compensation? ☐ Yes ☐ No
If yes, explain: _____

Is child support or alimony paid by someone in the household who is a spouse or parent of a disabled person? ☐ Yes ☐ No
If yes, give name and amount paid: _____

Does anyone in the household pay for dependent care so they can go to work? ☐ Yes ☐ No
If yes, List names and amounts: _____

Does any disabled person pay for services and items required for that person to work? ☐ Yes ☐ No
If yes, List names and amounts: _____

I (print name) _____ under penalty of perjury, swear that the answers I have given on this application are complete and correct. I am the person represented by the signature on this document.

Signature or Mark of the Applicant

Signature of the Spouse or Representative

Date